

Criminal History Authorization and Release

I, _____ ,
(Printed First Name Middle Name Last name)

am applying to participate as a volunteer with the City of Durham Trail Watch Program.

I hereby authorize a review of and a full release and disclosure of all records, documents, writings, data and any and all other information concerning or in any way related to my criminal history by and to the City of Durham, its employees, agents, and authorized representatives.

I hereby release any person, corporation, association, organization or governmental agency or entity from any and all liability, claims or causes of action that I may have or ever have arising out of this review, release and disclosure of the above information.

Signature of Adult Participant

Date